

**INSTRUCTIONS FOR THE REQUEST
OF A THERAPY SPELL OF ILLNESS
(Physical, Occupational, Speech)**

- A. Complete the Prior Authorization Request Form (PA/RF).
- Required Elements: 1-13, 16, 18, 19, 23 and 24
 - Leave these Elements Blank: 14, 15, 17, 20 and 21
 - Refer to the attached instructions for completing the Prior Authorization Request Form (PA/RF).
- B. Complete the Prior Authorization Spell of Illness Attachment (PA/SOIA).
- Required Elements: 1-9 and Parts A thru G
 - Refer to the attached instructions for completing the Spell of Illness Attachment (PA/SOIA).
- C. Submit the Prior Authorization Request Form (PA/RF) and the Spell of Illness Attachment (PA/SOIA) to the following address:

E.D.S. Federal Corporation
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088